



**The Commercial Service  
American Embassy**  
Diethelm Towers A, 3<sup>rd</sup> Floor, Suite 304  
93/1 Wireless Road,  
Pathumwan, Bangkok 10330  
Tel: 662-205-5090  
Fax: 662-255-2915  
E-mail: [ksookpra@mail.doc.gov](mailto:ksookpra@mail.doc.gov)

## Partner Search Reply Form

Please answer the following questions if you are interested in developing business relationships with **Stirling Biopower (Stirling)**. You may attach your company profile or add more information in a separate sheet.

Once completed, please send this form back to Khun Kitisor Sookrpadi by E-mail: [ksookpra@mail.doc.gov](mailto:ksookpra@mail.doc.gov) or Fax: 662-255-2915.

Thank you very much for your interest.

1. Company Name: \_\_\_\_\_
2. Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
3. Contact Person: \_\_\_\_\_ Title: \_\_\_\_\_  
Preferred Language: \_\_\_\_\_
4. Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_  
E-mail: \_\_\_\_\_ Website: \_\_\_\_\_
5. Year Established: \_\_\_\_\_
6. Number of Employees: \_\_\_\_\_
7. Business and Products: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
8. Sales Revenue Range/Year (in US\$): \_\_\_\_\_  
\_\_\_\_\_
9. Primary Bank References: \_\_\_\_\_  
\_\_\_\_\_

10. Type of Business: (Please mark "X")

Manufacturer: _____	Exporter: _____
Wholesaler: _____	Importer: _____
Retailer: _____	Agent: _____
Distributor: _____	Other: _____

11. How many outlets do you have, and what is the geographic concentration, i.e. Bangkok or Upcountry or Nationwide? \_\_\_\_\_

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12. What type of client do you serve: upper end, middle end, small specialty /niche company, etc.? \_\_\_\_\_

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13. Is your company an agent/distributor/licensee of any manufacturers? Please indicate.

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14. Your opinion on the Thai market for the subject U.S. company seeking representation.

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